

**INSTRUCTIONS FOR COMPLETING
CAPITAL PROJECT INITIATION REQUEST FORM**

FORM BLOCK NUMBER	INSTRUCTIONS
Page I –	
1. DATE	Enter the date you complete the form.
2. CHANGE #	If this is a funded capital project and you are proposing to change it, indicate if this is the first, second, or third amendment to the original project.
3. CIP #	If known, enter the CIP number assigned the project by the Budget Office.
4. PROJECT TITLE	If this is a funded capital project, enter the current project title. If this is a request for a new project, enter the name of the facility to be built, renovated, or repaired. Road projects should also include an indication of the start and end points of the segment to be built.
5. PROGRAM	Enter the program name. The programs are: Fire Services, Public Buildings, Library Services, Parks, Solid Waste, Stormwater or Transportation. If this is Transportation Project, also include the sub-program name: Roads, Intersections, Bridges, Sidewalks or Other.
6. DEPARTMENT PRIORITY	If this is a request for a new project, indicate the project priority per the Capital Project Request List . If the project is not already on the list, attach an explanation of why the project needs to be added to the list and completed ahead of other projects already on the list.
7. PROJECT DESCRIPTION	Clearly define the scope of the project. If land or right-of-way needs to be purchased in addition to constructing the facility, include this in the description. Additional pages may be included if necessary. Please avoid acronyms and abbreviations. Please attach additional pages if more space is needed.
8. JUSTIFICATION	Describe why this capital project is needed. You are encouraged to explain how service levels would be affected by the construction of this project. Be concise and descriptive. Provide references to laws or ordinances if this is a mandated project. Please attach additional pages if more space is needed.
9. CIP/CIE PRIORITY/ SERVICE LEVEL IMPACT	If this project is in a program included in the Capital Improvements Element (CIE) of the Comprehensive Plan, this section must be completed. Contact the Planning & Zoning Director if you are unsure if your program is a CIE program. Put an "X" next to one of the first three categories that best describes this project's impact: A. R&R - The repair, remodeling, renovation, or replacement of an existing County facility will maintain levels of service in the Comprehensive Plan. B. NEW/EXP(DEF) - The construction of a new facility or expansion of an existing facility will reduce or eliminate deficiencies in the levels of service in the Comprehensive Plan. C. NEW/EXP(GROWTH) - The construction of a new facility or expansion of an existing facility is needed to meet levels of service for new development. D. INCREASED CAPACITY -Use the formula to calculate the increased capacity. Units are defined as: lane miles, acres of park land, response time, clients served, volume, square feet, etc.)
10. PROJECT DEVELOPMENT PHASE	Indicate if this project has gone through the PD&E phase. This phase is sometimes called preliminary design and evaluation or preliminary design and environmental.
11. PROJECT COSTS	Enter estimated costs, IN THOUSANDS , for each stage of the project for each fiscal year.
12. PROJECT LOCATION	Indicate the project location including section, township, range and street address. A map showing the project location, boundary or length as well as surrounding geographic features needs to be attached to the form.
13. SOURCE OF FUNDS	Enter your recommendations of the amounts by funding source for this project by source and year. The Total Costs for each year must equal the Total Sources for each year.

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	Page II
14. BASIS OF COST ESTIMATE	Explain the basis used in developing the capital cost estimate, including the source of any reference data or unit cost factors utilized.
15. IMPACT FEE DISTRICT	If this is a Fire Services or Transportation project, enter the name or number of the impact fee district in which the project will be located.
16. COMMISSIONER DISTRICT	Enter the number of the Commissioner District in which this project is located.
17. DATE FUNDING DESIRED	Enter the date when you desire initial funding in MM/DD/YY format.
18. PROJECT SCHEDULE	Enter the date (in MM/DD/YY format) you anticipate each project phase to begin and end.
19. OPERATING DEPARTMENT	Enter the name of the department or agency that will operate or maintain the infrastructure once it is completed.
20. OPERATING FUND IMPACTED	Enter the name and FAMIS code of the fund and subfund (if applicable) in which operating costs will be budgeted.
21. OPERATIONAL DATE	Enter the month and year you expect the facility will be available for use.
22. STAFFING DATE	Enter the month and year you expect staff will be needed to operate the facility.
23. OPERATING COST IMPACT	The operating and maintenance cost impact reflects only those costs that will be incurred to run and maintain the facility after it is completed. DO NOT include the costs of any additional resources you think you might need to complete the project; these resources need to be requested separately through the annual operating budget process.
	For estimated operating costs, enter the cost, NOT ROUNDED , for each operating category for each year as follows:
	Personal Services: Anticipated cost of new staff needed to operate the facility once it becomes operational. This includes the cost of salaries and benefits. As indicated above, DO NOT include the cost of any additional staff you think you will need to complete the project.
	Ongoing Operations: Recurring operating and maintenance costs, excluding personal services costs, anticipated to be needed to operate and maintain the infrastructure or facility. This includes utilities, supplies, minor tools that don't qualify for capitalization, and other related expenses.
	Capital Outlay – Capital costs not directly associated with the project that are anticipated to be incurred once the facility is opened. For example, capital equipment or vehicles needed in association with maintaining new infrastructure after it is built should be listed here. Other types of capital costs associated with the ongoing operation of a facility (fire trucks needed to operate a new fire station, computers, furniture and shelving needed for a new library or facility, etc.) should be incorporated into the capital project cost and shown on the first page.
	NOTE THAT INDIRECT COSTS ARE AUTOMATICALLY CALCULATED AS A PERCENTAGE OF PERSONAL SERVICES COSTS. The percentage used is 20%. Total the operating costs by year and enter in SUBTOTAL COSTS.
24. OFFSET CATEGORIES	A. NEW REVENUES - If this facility will generate revenues such as rent, enter the amount of new revenues generated by the facility by year.

FORM BLOCK NUMBER	INSTRUCTIONS
	Page III
25. WILL THIS PROJECT REQUIRE A DECISION UNIT WHEN OPERATIONAL?	Will this project, by itself, when completed require a new decision unit or increase in an existing decision unit for additional operating funds? If it will, check YES. If the new operating costs associated with the facility becoming operational can be absorbed within the existing proposed operating budget, check NO.
26a. NEW FUNDING PERCENTAGE REQUIRED	If you answered YES on question 28, what percentage of the total operating costs specified in question 25 will you be requesting funding for via either a new decision unit or an increase in an existing decision unit?
26b. NUMBER OF PROJECTS BEFORE NEW FUNDS NEEDED	If you answered NO for question 28, how many more projects of this type can be accommodated under your existing operating budget before you will need to request additional funds?
27. BASIS OF COST AND OFFSET ESTIMATES	Describe the methodology used to calculate the operating costs, revenues, and offset estimates. Some methodologies are historical cost projections based on similar facilities, prorating, and trend lines. Do not use inflation or payroll increase factors. Be descriptive, concise, and quantitative. If additional space is needed, please attach a separate page and reference this block number.
28. NEW POSITIONS ANTICIPATED	Enter the job title and number of new positions to be required for each year of the first 2 years after the infrastructure is operationally complete, and a summary of additional new positions needed for the remaining years of the CIP duration.
29.SIGNATURE BLOCK	All parties listed in this block must sign here. Do not submit the form without these signatures.
30. DATE	Enter the date each person signed the form.
31. PRINT NAME	Print the name of each person signing the form.
32. TELEPHONE	Enter the telephone number of each person signing the form.